			FIIECTIAE	October 1, 2	003	· ·	1				
4		CLAI	MS AS F	ILED - PART			/	0-	58	70:	54
.~,	TOTAL CL			Column 1)	(Column 2)	SM.	ALL EN	TITY			IER THA
	FOR	· · · · · · · · · · · · · · · · · · ·					ATE T	FEE	OF	SMA	LL ENTI
	TOTAL CHARGEABLE CLAIMS			NUMBER FILED NUMBER EXTRA						RAT	
$\parallel$				minus 20= *				385.00	OR	BASIC F	EE 770
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'	t If the differ	ence in columr	1 is less t	han zero, enter '	*O" :-	+12	15=		OR	+290=	1
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۲	11-22-0	Columi	า 1)	Column			<del></del>		JOH		L
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		REMAINING AFTER		HIGHEST NUMBER	PRESENT		ADDI-	7 1			
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the the	entry in colum "Highest Num	n 1 is less than the	entry in colu	mn 2, write "0" in co	lumn 3	+145=		OR	+290		=
the he	*Highest Num Highest Numb	ber Previously Pai er Previously Paid	d For IN THIS  d For IN THIS	mn 2, write "0" in col S SPACE is less that S SPACE is less that Independent in the	n 20, enter "20."	TOTAL ADDIT. FEE				AL	
	-875 (Rev. 10/0		or (fotal or	S SPACE is less than S SPACE is less than Independent) is the	highest number for	und in the appro	priate box	AC In colur	DOIT. F	EE <b>L</b>	